

MAY 28 1936

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

Do not use this space.

18375

## 1. PLACE OF DEATH

County

Wayne

Registration District No.

891

Township

Benton

Primary Registration District No.

4-5-40

City

(No.

6171

St.

Ward)

## 2. FULL NAME

Vincent Hajik

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

Edith Hajik

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan. 22, 1862

7. AGE

YEARS

74

MONTHS

2

DAYS

18

If LESS than 1

day, .....hrs.

or .....min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Alton, Illinois

FATHER

13. NAME

Vincent Hajik

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Alton, Illinois

MOTHER

15. MAIDEN NAME

unknown

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

17. INFORMANT

(ADDRESS)

Edith Hajik

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Alton, Ill

DATE

Apr. 13, 1936

19. UNDERTAKER

(ADDRESS)

Norman W. Gish

20. FILED

4-10-1936

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

4-10-1936

22. I HEREBY CERTIFY, That I attended deceased from

April 8, 1936, to April 10, 1936

I last saw him alive on 4-8-1936 Death is said

to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

E. J. Jones

M. D.

(Address)

200 N. 1st St., Alton, Ill.

 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state  
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

